

Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	Acrobat PDFWriter
Run by	CWMS
Report Date	20-AUG-01 10:50

Crosswalk Report

CWMS

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Status : FN Substance Abuse and Mental Health Services Administration

Media ID : DMHSASDCD

Office of Applied Studies

Start Date : 01-JAN-90

End Date :

Follow-up :

Oklahoma's Treatment Episode Data Set

Version : 1

K = Key Field

System

Oklahoma

Item

Item

No. Treatment Episode Data Set

Value

State System Data

1	System Transaction Type	-	System Transaction Type Added To Each Record
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K 2	State Code	OK	FIPS Code Added To Each Record
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3	Reporting Date	-	Month and Year of Submission Added to Each Record
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Oklahoma's Treatment Episode Data Set Version : 1

K = Key Field

Minimum

Oklahoma

Item

Item

Value

State System Data

No. Treatment Episode Data Set

K 1 Provider ID

-

-

K 2 Client ID

-

-

K 3 Co-Dependent/Collateral at Admission

-

Reason For Contact

2 No

1 Information/Referral

1 Yes

2 Counseling/Significant Other

2 No

3 Crisis Intervention

2 No

4 Counseling/Self

2 No

5 Evaluation

2 No

6 Other

K 4 Client Transaction Type

-

Transaction Type

A Initial Admission

03 Admission

T Transfer/Change in Service

05 Program Code

K 5 Date of Admission

-

Transaction Date

6 Number of Prior Treatments

-

-

1 1

1 1

2 2

2 2

3 3

3 3

4 4

4 4

5 Or More

5 5+

0 0

NON NONE
E

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Item

Minimum
Item

Oklahoma

No. Treatment Episode Data Set Value State System Data

7	Principal Source of Referral	-	Primary Referral
01	Individual (self)	01	Self
01	Individual (self)	02	Significant Other
04	School (education)	03	School
06	Other Community Referral	04	Church/Clergy
06	Other Community Referral	05	Group Home
05	Employer/EAP	06	Employer, Union
03	Other Health Care Provider	07	Private Psychiatric Hospital
03	Other Health Care Provider	08	Non-Psychiatric Hospital
03	Other Health Care Provider	09	VA Hospital
03	Other Health Care Provider	10	Indian Health Service
03	Other Health Care Provider	11	Department of Mental Health
07	Court/Criminal Justice/DUI/DWI	12	Department of Corrections
03	Other Health Care Provider	13	Department of Mental Health Hospital
06	Other Community Referral	14	Department of Human Services
03	Other Health Care Provider	15	Mental Health Care/Satellites
06	Other Community Referral	16	Community Agencies
03	Other Health Care Provider	17	Residential Care Home
03	Other Health Care Provider	18	Nursing Home
02	Alcohol/Drug Abuse Provider	19	Alcohol/Drug Program
06	Other Community Referral	20	Domestic Violence Facility
03	Other Health Care Provider	21	Private Psychiatrist/Mental Health Care Professional/General Physician
06	Other Community Referral	22	Social Security
06	Other Community Referral	23	Attorney/Legal Aid
07	Court/Criminal Justice/DUI/DWI	24	Court/Probation/Parole
07	Court/Criminal Justice/DUI/DWI	25	Law Enforcement
06	Other Community Referral	26	Reachout Hotline/Advertising
06	Other Community Referral	29	Crisis Stabilization Facility
06	Other Community Referral	30	Shelter For Homeless

8 Date of Birth

- -

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
9	Sex	-	-	
2	Female		F	Female
1	Male		M	Male
10	Race	-	Client Race/Ethnicity	
05	White		1	White
04	Black		2	Black
02	American Indian		3	American Indian/Alaskan Native
13	Asian		4	Asian
03	Asian or Pacific Islander			
23	Native Hawaiians or Other Pacific Islanders			
11	Ethnicity	-	-	
98	Not Collected		98	Not Collected
04	Other Hispanic		A	Hispanic
05	Not of Hispanic Origin		B	Non-Hispanic
12	Education	-	Years of Education	
13	Employment Status	-	Employment	
01	Full Time		1	Full Time
02	Part Time		2	Part Time
03	Unemployed		3	Unemployed
04	Not in Labor Force		4	Retired

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Minimum

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Item

Item

Value

State System Data

No. Treatment Episode Data Set

14 Substance Problem Codes

-

Drugs Of Choice

01 None
02 Alcohol
05 Heroin
06 Non-Prescription Methadone
07 Other Opiates and Synthetics
15 Barbiturates
16 Other Sedatives or Hypnotics
11 Other Amphetamines
03 Cocaine, Crack
04 Marijuana, Hashish, THC
09 Other Hallucinogens
17 Inhalants
18 Over-the-Counter
14 Other Tranquilizers
08 PCP
20 Other
97 Unknown
10 Methamphetamines
13 Benzodiazepines
12 Other Stimulants

01 None
02 Alcohol
03 Heroin
04 Non-Rx Methadone
05 Other Opiates and Synthetics
06 Barbiturates
07 Other Sedatives and Hypnotics
08 Other Amphetamines
09 Cocaine
10 Marijuana/Hashish
11 Other Hallucinogens
12 Inhalants
13 Over The Counter
14 Other Tranquilizers
15 PCP
16 Other
17 Unknown
18 Methamphetamines
19 Benzodiazepines
20 Other Stimulants

15 Usual Route of Administration

-

Usual Route of Administration

01 Oral
02 Smoking
20 Other
03 Inhalation
04 Injection (IV or intramuscular)

1 Oral
2 Smoking
20 Other
3 Inhalation
4 Injection (IV or Intramuscular)

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Item

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No. Treatment Episode Data Set Value State System Data

16 Frequency of Use

-

Frequency of Use

01	No past month use	1	No Past Month Use
02	1-3 times in past month	2	1-3 Times In Past Month
03	1-2 times per week	3	1-2 Times Per Week
04	3-6 times per week	4	3-6 Times Per Week
05	Daily	5	Daily

17 Age of First Use or Alcohol Intoxication

-

Age At First Use/Intoxication

K 18 Services

-

Services Sheet

03	Hospital (other than detox)	001A	Inpatient
01	Hospital Inpatient	001B	Medical Dextofication
03	Hospital (other than detox)	001C	Acute Medical Care
04	Short-term, <=30 days	002A	Residential Substance Abuse Treatment
02	Free-standing Residential	002B	Medically Supervised Detoxification
04	Short-term, <=30 days	002C	Non Medical Detoxification (Social Detox)
04	Short-term, <=30 days	002D	Adolescent Group Home
04	Short-term, <=30 days	002E	Residential Treatment- Acute
05	Long-term, >30 days	002F	Residential Treatment - Long Term
05	Long-term, >30 days	003B	Half-Way House
05	Long-term, >30 days	003C	Independent Living
06	Intensive Outpatient	004C	Day School - 6 Hours
07	Outpatient	130	Individual/Counseling/Therapy
07	Outpatient	131	Group Counseling/Therapy
07	Outpatient	430	Day Treatment (3 Hours At Least 2 Days Per Week)
07	Outpatient	431	Psycho-Social Treatment

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Item

Item

Value

State System Data

No. Treatment Episode Data Set

19	Use of Methadone Planned as Part of Treatment	-	Agency Code
1	Yes	1	Yes
2	No	2	No

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Optional

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No.	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	-	Not Collected	
2	Detail Drug Code, Secondary	-	Not Collected	
3	Detail Drug Code, Tertiary	-	Not Collected	
4	Substance Abuse Diagnosis Based on DSM III-R Criteria	-	DSM III Diagnosis Primary Axis 1	
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	-	DSM III Diagnosis Secondary or Tertiary	
6	Pregnant at Time of Admission	-	Alert Information	
1	Yes	-	Pregnancy (Box Checked)	
2	No	-	Pregnancy (Box Not Checked)	
7	Veteran Status	-	Military Status	
2	No	1	Never Served	
2	No	2	Active	
2	No	3	Reserves	
1	Yes	4	Veteran	
1	Yes	5	Retired/Disabled	
8	Living Arrangements	-	Current Residence	
03	Independent Living	1	Private Residence	
01	Homeless	2	No Home	
02	Dependent Living	3	Residential Care Home	
02	Dependent Living	4	Institution	

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Optional

Oklahoma

Item No.	Treatment Episode Data Set	Item	Value	State System Data
9	Primary Source of Income or Support	-	Not Collected	
10	Health Insurance	-	Not Collected	
11	Expected Primary Source of Payment for This Treatment Episode	-	Expected Source Of Payment	
08	No Charge	0	None (Charity)	
01	Self-Pay	1	Self Pay	
07	Other Health Insurance Companies	2	Private Health Insurance	
07	Other Health Insurance Companies	3	Health Maint Organization (HMO) Employers Assistance Program (EAP)	
03	Medicare	4	Medicare	
04	Medicaid	5	Medicaid	
07	Other Health Insurance Companies	6	VA	
05	Other Government Payments	7	CHAMPUS	
06	Worker's Compensation	8	Worker's Compensation	
05	Other Government Payments	9	Other Public Resources	
12	Detailed Not in Labor Force	-	Not Collected	
13	Detailed Criminal Justice Referral Categories	-	Not Collected	
14	Marital Status	-	Marital Status	
01	Never Married	1	Not Married	
02	Now Married or Cohabiting	2	Married	
04	Divorced	3	Divorced	
05	Widowed	4	Widowed	
02	Now Married or Cohabiting	5	Living As Married	
03	Separated (legally or otherwise)	6	Seperated	

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Optional

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Item

Item

Value

State System Data

No. Treatment Episode Data Set

15	Time Waiting to Enter Treatment	-	Not Collected
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Discharge

Oklahoma

Item

Item

No. Treatment Episode Data Set

Value

State System Data

104	Provider ID at Discharge	-	Provider ID at Discharge
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105	Client Identifier	-	Client ID at Discharge
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106	Co-Dependent/Collateral At Discharge	-	Presenting Problem
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1	Yes		740,7 Presenting Problem Code Present 44
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2	No		740,7 Presenting Problem Code Absent 44
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K = Key Field
Item

Discharge
Item

Oklahoma

No. Treatment Episode Data Set Value State System Data

109	Service at Discharge	-	Services
03	Hospital (Other than Detox)	001A	Inpatient
01	Hospital Inpatient	001B	Medical Dextofication
03	Hospital (Other than Detox)	001C	Acute Medical Care
04	Short-Term, <=30 days	002A	Residential Substance Abuse Treatment
02	Free-Standing Residential	002B	Medically Supervised Detoxification
04	Short-Term, <=30 days	002C	Non Medical Detoxification (Social Detox)
04	Short-Term, <=30 days	002D	Adolescent Group Home
04	Short-Term, <=30 days	002E	Residential Treatment- Acute
05	Long-Term, >30 days	002F	Residential Treatment - Long Term
04	Short-Term, <=30 days	002G	Residential Treatment - Adolscents
04	Short-Term, <=30 days	002H	Residential Treatment - womenw/dep children
05	Long-Term, >30 days	003B	Half-Way House
05	Long-Term, >30 days	003C	Independent Living
05	Long-Term, >30 days	003J	Sponsored Housing Program
05	Long-Term, >30 days	003K	Residentail Care
04	Short-Term, <=30 days	003N	Serv. to dep. child of SA in residential tx
05	Long-Term, >30 days	003Y	1/2way house services for -adolscents
05	Long-Term, >30 days	004C	Day School - 6 Hours
07	Outpatient	121	outpat crisis intervention - face to face
07	Outpatient	123	Mobile Crisis Service
07	Outpatient	130	Individual/Counseling/Therapy
07	Outpatient	131	Group Counseling/Therapy
07	Outpatient	202	Socialization
07	Outpatient	203	Client Education
07	Outpatient	207	Home-bases services
07	Outpatient	211	SA Dx/Probelm related Education
07	Outpatient	213	Intensive case management
07	Outpatient	215	Rehab Services
07	Outpatient	223	Other adjunctive services
07	Outpatient	304	Pharmacological management
07	Outpatient	305	Medical Review

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K = Key Field
Item

Discharge
Item

Oklahoma

No.	Treatment Episode Data Set	Value	State System Data
109	Service at Discharge	-	Services
07	Outpatient	430	Day Treatment (3 Hours At Least 2 Days Per Week)
07	Outpatient	431	Psycho-Social Treatment
06	Intensive Outpatient	432	Intensive outpatient
146	Date of Last Contact	-	Date of Discharge
147	Date of Discharge	-	Date of Discharge
149	Reason for Discharge	-	Reason for Discharge
04	Transferred to Another Substance Abuse Treatment Program or Facility	05	Program Type Change
01	Treatment Complete	06	Discharge/Planned
07	Other	07	Discharge/other
07	Other	08	Discharge/Absent without leave
06	Death	09	Discharge/Death
03	Terminated by Facility	14	Discharge/No Contact 90 Days

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report